

**TAKE CHARGE**

# TRANSPLANT

## Medication Schedule

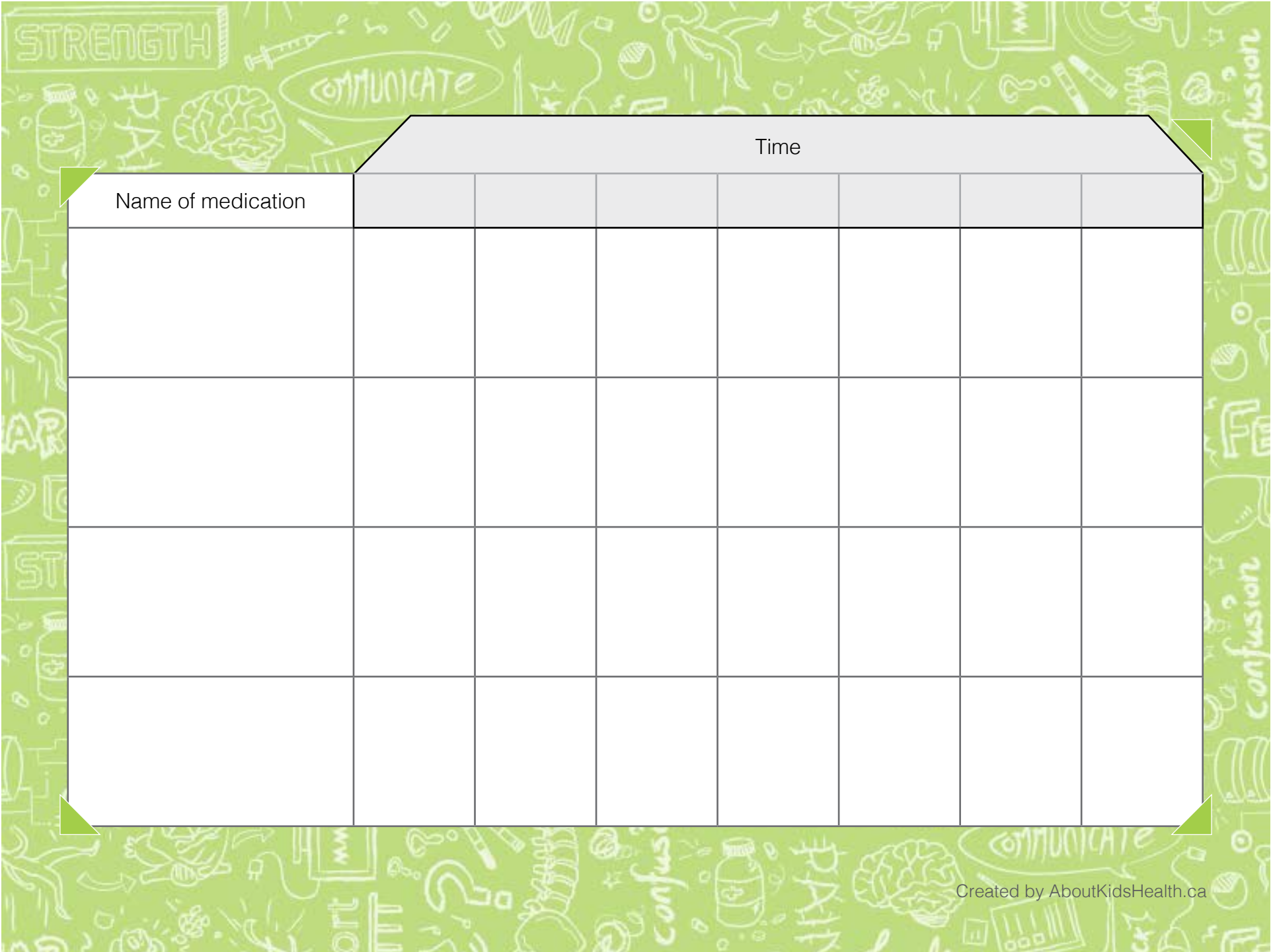
Name

Date

Time

Name of medication

Name of medication							



Time

Name of medication

Name of medication							